Foster Family Home - Corrective Action Report

1. 1	The restaurant		Stylen . I . or	No. No.
Home Name:	Fidela L.R. Batoon, CNA	Review ID:	1-140022-4	
1016 Laakea Pla	ace	Reviewer:		
Honolulu	HI 96818	Begin Date:	11/2/2016	End Date: (건5/16
Foster Family.	Home Required Certifi	cate.	AT. KI	
6.(d)(1) Comment:	Comply with all applicable req	uirements in this ch		and a second and a
Ophiconve action	a 2 person CCFFH requesting on report issued during the hon blicable sections of this review.	to increase to a 3 ne visit with all iter	person CCFFH ms due to CTA	. Certification review made on 11/02/16. by 12/02/16.
Foster Family	Home Background/Ch	ecks	[17	1454.7.41
7.1.(a)(1)	Be subject to criminal history re	ecord checks in acc	ordance with sec	ition 846-2.7, HRS:
7.1.(a)(2) Comment:				idual has direct contact with a client; and
7.1(a)(1)/7.1(a)	(2)-SCG#2 does not have a re	cord of the 2nd se	et of initial APS/	CAN/fingerprinting
PROPERTY AND ADMINISTRATION OF THE PROPERTY AND A	Home Personnel and S		A Professional American Street	1454 41]
Manager of the second s				and the second
41.(b)(7)	Have a current tuberculosis clearance that meets department of health guidelines; and			
41.(b)(8)	Have documentation of current resuscitation, and basic first aid	t training in blood bo d.	orne pathogen an	d infection control, cardiopulmonary
41.(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.			
Comment:				• • • • • • • • • • • • • • • • • • • •
41(b)(8) CG#1, CPR/First Aid tra	CG#3 do not have a record of CG#2 & CG#3 do not have a r aining card for 2016. G#3 do not have 8 hours of in-	ecord of blood-bo	ning. rne pathogen ti	raining for 2016. CG#3 does not have
Foster-Family-I	The state of the s			N5448
48.(a)(2)	Grab bars in bath and toilet roo	ms used by the clie	nt. as appropriate	3.
Comment:			as appropriate	
	o bars in bathtub areas.			
	III Saaras areas.			
	Compliance Manager			Date
	Tidala Bon H	904		1. 1.
	Primary Care Giver			11/2/16 Date
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WRITTEN PLAN OF CORRECTION

DATE: 12/01/2016

7.1. (a(2)

7.1.(a)(1) Caregiver #2 found the misplaced record of the 2nd set of the initial APS/CAN/Fingerprinting.

Foster home created a new folder, complete with labels and tabs, for a more organized and structured place of records. Foster home has placed reminder notes in the calendar and planner to remind caregivers to complete the fingerprinting, one month before the due date to avoid from lapsing in the future.

41.(b)(7) Caregiver#2 and Caregiver#3 have acquired a record of current Tuberculosis clearance.

Caregiver has written into the planner a reminder note one month in advance to complete the TB clearance every year before the due date.

41.(b)(8) All Caregivers have taken a class and obtained documentation of current training in blood borne pathogen and infection control. Caregiver#3 have taken the class a now have CPR/First Aid training card for 2016.

Foster home created a planner and wrote a reminder note to remind caregivers to take classes, one month before the due date to avoid from lapsing in the future.

41.(c) Caregiver #2 found the misplaced documents from the old record folder showing the 8 hours of in-service training.

Caregiver #2 was deployed and just came home beginning of October 2016. Will attend the next in-service training.

Foster home created a more organize folder with labels and tabs, for easier access of documents and records.

48.(a)(2) As of today 11/11/16, Grab bars are now placed in the bath and toilet rooms used by the clients.

Fidela Bartoon -12/01/16 1016 Laakea Pl. Honolulu, Hawaii 96818 14.# 808-422-7670